

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NEA Advocacy Fund			FEC IDENTIFICATION NUMBER ▼ C C00489815		
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies			Date 10 / 25 / 2012		
Mailing Address 3050 K street NW Ste 100			Amount 172666.67		
City Washington State DC Zip Code 20007		Transaction ID : B442844			
Purpose of Expenditure Production and time for TV ad		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: George Allen			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 172666.67			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies			Date 10 / 25 / 2012		
Mailing Address 3050 K Street NW Ste 100			Amount 95830.00		
City Washington State DC Zip Code 20007		Transaction ID : B442845			
Purpose of Expenditure Production and time for TV ad		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 191660.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			268496.67		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Michael McPherson</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date 10 / 25 / 2012</p>					

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Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies			Date M M / D D / Y Y Y Y Y Y 10 / 25 / 2012		
Mailing Address 3050 K Street NW Ste 100			Amount 95830.00		
City Washington State DC Zip Code 20007		Transaction ID : B442846			
Purpose of Expenditure Production and time for TV ad		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Tommy Thompson			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 191660.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Full Name (Last, First, Middle Initial) of Payee			Date		
Mailing Address			M M / D D / Y Y Y Y Y Y		
City State Zip Code			Amount		
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:			Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....			95830.00		
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures.....			364326.67		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Michael McPherson</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date M M / D D / Y Y Y Y Y Y 10 / 25 / 2012</p>					